2007 LIMITED LIABILITY COMPANY ANNUAL REPORT FILED

1. Emily Narro POWERMINN 9090 LR4, LLC 2001 HAR 19 PM 3: 12 2007 HAR 19 PM 3: 12 2007 HAR 19 PM 3: 12 3. Mailing Address 2295 CORPORATE BLVD, NW, SUITE 222 2295 CORPORATE BLVD, NW, SUITE 222 2296 CORPORATE BLVD, NW, SUITE 222 2296 CORPORATE BLVD, NW, SUITE 222 24. Principal Place of Business - No P.O. Box # 3. Mailing Address 25 Suite, Apt. #, etc.	POWERN		DOCUMENT # M0400004944							
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Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301-2525 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2007 Make check payable to Fiorida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TILE MME SITEET ADDRESS CITY-ST-2P MORRISTOWN, NJ 07960 TILE MARE SITEET ADDRESS CITY-ST-2P MORRISTOWN, NJ 07960 TILE MME SITEET ADDRESS CITY-ST-2P Deale TILE MME SITEET ADDRESS CITY-ST-2P Deale TILE MME SITEET ADDRESS CITY-ST-2P Change Addition MME SITEET ADDRESS CITY-ST-2P Change Addition MME SITEET ADDRESS CITY-ST-2P TILE MME SITEET ADDRESS CITY		6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	tegistered A	gent		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>91</u> 04/05	000958 70701029	33431 9021	++563. Change Change	. ?5 Addition Addition Addition	
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statules.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	Delete Delete Delete Delete this filing does not qualify for the	TITLE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP	oca Kator 04/05	70701029	334 SI 3021	Change Change Change	Addition Addition Addition	
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